

# EXHIBIT G

## 127363273 Trump, Donald John (Doc Images)

PAL 127363273

Trump, Donald J

1100 S Ocean Blvd Palm Beach 33406

Florida Voter Registration Application Part 2 - Form (DS-08 538, R18-2-A40, F.A.C. 17F. 72019)		Form available online at: <a href="http://www.floridavoter.gov">www.floridavoter.gov</a>	
This is: <input checked="" type="checkbox"/> New Registration <input type="checkbox"/> Record Update/Change (e.g., Address, Party Affiliation, Name, Signature) <input type="checkbox"/> Request to Replace Voter Information Card		OFFICIAL USE ONLY	
1 Are you a citizen of the United States of America? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		COMMISSIONER OF ELECTIONS	
2 <input checked="" type="checkbox"/> I affirm I have never been convicted of a felony. <input type="checkbox"/> If I have been convicted of a felony, I affirm my voting rights have been restored by the Board of Executive Clemency. <input type="checkbox"/> If I have been convicted of a felony, I affirm my voting rights have been restored pursuant to s. 4, Art. VI of the State Constitution upon the completion of all terms of my sentence, including parole or probation.		2019 OCT 24 PM 12:30 FVRS No:	
3 <input checked="" type="checkbox"/> I affirm that I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my right to vote has been restored.		PALM BEACH COUNTY FL	
4 Date of Birth (MM-DD-YYYY) 06 - 14 - 1946		If no FL DL or FL ID, then provide	
5 Florida Driver License (FL DL) or Florida Identification (FL ID) Card Number		redacted	
6 Last Name Trump First Name Donald Middle Name John Name Suffix (Jr., Sr., I, II, etc.):		I have NONE of these numbers.	
7 Address Where You Live (legal residence-no P.O. Box) 1600 Pennsylvania Ave NW Apt/Lot/Unit City Washington County Zip Code 20500			
8 Mailing Address (if different from above address) Mar-A-Lago, c/o Sean McCabe, 1100 S. Ocean Blvd Apt/Lot/Unit City Palm Beach State or Country Florida Zip Code 33480			
9 Address Where You Were Last Registered to Vote 721 5th Avenue Apt/Lot/Unit City New York State New York Zip Code 10022			
10 Former Name (if name is changed) Gender <input checked="" type="checkbox"/> M <input type="checkbox"/> F State or Country of Birth New York Telephone No. (optional) ( ) -			
11 <input type="checkbox"/> Email me SAMPLE BALLOTS if option is available in my county. (See Public Record Notice above) My email address is:			
Party Affiliation (Check only one. If left blank, you will be registered without party affiliation) <input type="checkbox"/> Florida Democratic Party <input checked="" type="checkbox"/> Republican Party of Florida <input type="checkbox"/> No party affiliation <input type="checkbox"/> Minor party (print party name):		Race/Ethnicity (Check only one) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> White, not of Hispanic Origin <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other:	
12 Oath: I do solemnly swear (or affirm) that I will protect and defend the Constitution of the United States and the Constitution of the State of Florida, that I am qualified to register as an elector under the Constitution and laws of the State of Florida, and that all information provided in this application is true.		(Check only one if applicable) <input type="checkbox"/> I am an active duty Uniformed Services or Merchant Marine member <input type="checkbox"/> I am a spouse or a dependent of an active duty uniformed services or merchant marine member <input type="checkbox"/> I am a U.S. citizen residing outside the U.S. A 5555	
		<input type="checkbox"/> I will need assistance with voting. <input type="checkbox"/> I am interested in becoming a poll worker. Date 9/23/19	

Date image Scanned:  
11/04/2019

Scan Date = 11/04/2019

redacted  
per F.S. 97.0585

## 127363273 Trump, Donald John (Doc Images)

PAL 127363273

Trump, Donald J

Florida Voter Registration Application Part 2 - Form (DS-DE #34, R13-2-040, F.A.C. (e) 172919)		Form available online at: <a href="http://www.floridastate.gov">www.floridastate.gov</a> <a href="http://registermyvote.floridastate.gov">registermyvote.floridastate.gov</a>	
This is: <input checked="" type="checkbox"/> New Registration <input type="checkbox"/> Record Update/Change (e.g., Address, Party Affiliation, Name, Signature) <input type="checkbox"/> Request to Replace Voter Information Card		OFFICIAL USE ONLY	
1 Are you a citizen of the United States of America? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SUPVISOR OF ELECTIONS JUL 10 2020 PM 3:12 PALM BEACH COUNTY, FL	
2 <input checked="" type="checkbox"/> I affirm I have never been convicted of a felony. <input type="checkbox"/> If I have been convicted of a felony, I affirm my voting rights have been restored by the Board of Executive Clemency. <input type="checkbox"/> If I have been convicted of a felony, I affirm my voting rights have been restored pursuant to s. 4, Art. VI of the State Constitution upon the completion of all terms of my sentence, including parole or probation.			
3 <input checked="" type="checkbox"/> I affirm that I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my right to vote has been restored.			
4 Date of Birth (MM-DD-YYYY) 06 - 14 - 1946		FIVE Star	
5 Florida Driver License (FL DL) or Florida Identification (FL ID) Card Number		If no FL DL or FL ID, then provide Last 4 digits of Social Security Number. <input type="checkbox"/> I have NONE of these numbers.	
Last Name: Trump		redacted	
First Name: Donald		Middle Name: John	
Address Where You Live (legal residence-no P.O. Box) Mar-A-Lago, 1100 S. Ocean Blvd		Apt/Lot/Unit	City: Palm Beach
8 Mailing Address (if different from above address)		Apt/Lot/Unit	City: State or Country: Zip Code: 33480
9 Address Where You Were Last Registered to Vote 721 Fifth Avenue		Apt/Lot/Unit	City: New York State: New York Zip Code: 10022
10 Former Name (if name is changed)		Gender: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	State or Country of Birth: New York Telephone No. (optional): ( ) -
11 <input type="checkbox"/> Email me SAMPLE BALLOTS if option is available in my county. (See Public Record Notice above) My email address is:			
Party Affiliation (Check only one. If left blank, you will be registered without party affiliation) <input type="checkbox"/> Florida Democratic Party <input checked="" type="checkbox"/> Republican Party of Florida <input type="checkbox"/> No party affiliation <input type="checkbox"/> Minor party (print party name):		Race/Ethnicity (Check only one) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> White, not of Hispanic Origin <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other:	
Oath: I do solemnly swear (or affirm) that I will protect and defend the Constitution of the United States and the Constitution of the State of Florida, that I am qualified to register as an elector under the Constitution and laws of the State of Florida, and that all information provided in this application is true.		(Check only one if applicable) <input type="checkbox"/> I am an active duty Uniformed Services or Merchant Marine member <input type="checkbox"/> I am a spouse or a dependent of an active duty uniformed services or merchant marine member <input type="checkbox"/> I am a U.S. citizen residing outside the U.S. OCT 8 2010	
12		I will need assistance with voting. <input type="checkbox"/> I am interested in becoming a poll worker. Date: 10/28/17	

redacted  
per F.S. 97.0585

Scan Date = 11/04/2019